

Supplemental Application Data Sheet**Application Information**

Application number:: 10/537,610
 Filing Date:: 12/18/06
 Application Type:: Regular
 Subject Matter:: Utility
 Suggested Group Art Unit: N/A
 CD-ROM or CD-R?: None
 Sequence submission?: None
 Computer Readable Form (CRF)?:: No
 Title:: No

METHODS AND COMPOSITIONS
RELATING TO GRADIENT EXPOSED
CELLS

Attorney Docket Number: 62052371(51588)
 Request for Early Publication?: No
 Request for Non-Publication?: No
 Small Entity?: Yes
 Petition Included?: No
 Secrecy Order in Parent Appl ?: No

Applicant Information

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: United Kingdom
 Status:: Full Capacity
 Given Name:: Mark
 Middle Name:: C.
 Family Name:: Poznansky
 City of Residence:: Charlestown
 State or Province of Residence:: MA
 Country of Residence:: US
 Street of mailing address:: 18 Monument Square

City of mailing address::

Charlestown

State or Province of mailing address::

MA

Postal or Zip Code of mailing address::

02129

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Rachel

Family Name::

Rulishauer

City of Residence::

North Haven

State or Province of Residence::

CT

Country of Residence::

US

Street of mailing address::

85 Avon Street

City of mailing address::

North Haven

State or Province of mailing address::

CT

Postal or Zip Code of mailing address::

06511

Correspondence Information

Correspondence Customer Number::

21874

Representative Information

Representative Customer Number::

21874

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US03/038958	December 8, 2003
PCT/US03/038958	An application claiming benefit of	US 60/431,424	December 6, 2002
		US 60/438,848	January 9, 2003
		US 60/445,049	February 5, 2003

Foreign Priority Information**Assignee Information**

Assignee name::	The General Hospital Corporation
Street of mailing address::	55 Fruit Street
City of mailing address::	Boston
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02114